

CREDIT CLAIM FORM

date:/...../.....

**please fax claim form to
(02) 9600 8830**

Step 1

business name:
contact person:
address:
suburb:..... postcode:
delivery address:
phone:..... fax:
email:

Step 2

tax invoice no:date of invoice:/...../.....

Please fax the tax invoice together with your claim form.

does this claim exceed 14 days from date of invoice? Yes No

Our company does not accept any claims that have not been notified within 14 days of date of invoice.

is the product in its original box without any markings? Yes No

Our company does not accept any claims that are not in its original box.

Step 3

item name	size	colour	qty	reason for return

Step 4

additional comments